



Summary of Benefits

Dental Benefit Summary

Group ID:	00439077	Coverage Type:	Contributory
Group Name:	AVERILL PARK CENTRAL SCHOOL DISTRICT C/O AMSURE	Class:	0001 NON-INSTRUCTIONAL EMPLOYEES
Waiting Period:	None	As of Date:	07/08/2020

Plan Information

Your dental networks is: Dental - DentalGuard Pref - Syracuse

Coverage Information

Dental - DentalGuard Pref - Syracuse

What's the most cost-effective way to use dental insurance?

You may go to any dentist, however those who belong to the **Dental - DentalGuard Pref - Syracuse** network will be most cost effective.

	In Network	Out of Network
Calendar year deductible	None	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.
Preventive	Waived	Waived
Basic	Waived	Not Waived
Major	Waived	Not Waived
Calendar Year Maximum Benefit	The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services.	\$2,000
Lifetime Orthodontia Maximum	The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in and out of network services	\$2,000
Maximum rollover	Yes	Yes
Monthly Switch	Not Available	Not Available

How much does the plan pay?

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Dental - DentalGuard Pref - Syracuse

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	In Network	Out of Network (percentage of fee schedule.)
Office Visit Co-pay (one office visit may cover multiple services)	None	None
Preventive Care:	100%	100%
Bitewing X-Rays	100%	100%
Full Mouth X-Rays	100%	100%
Cleaning	100%	100%
Oral Exams	100%	100%
Sealants (per tooth)	100%	100%
Basic Care:	100%	80%
Fillings (one surface)	100%	80%
General Anesthesia ¹	100%	80%
Scaling & Root Planing (per quadrant)	100%	80%
Simple Extractions	100%	80%
Major Care:	60%	50%
Dentures	60%	50%
Single Crowns	60%	50%
Orthodontia	50%	50%

General Exclusions

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans:

This policy provides dental insurance only. Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury.

Deductibles apply.

The plan does not pay for:

- Oral hygiene services (except as covered under preventive services),
- Orthodontia (unless expressly provided for),